



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

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MEMORANDUM

TO: Developmental Disabilities Administration (DDA) Residential and Day Providers
FROM: Chioma Nwachukwu, DNP, RN, PHCNS-BC, and Titilayo Ilori, MSN, RN, DDS's Supervisory Nurse Consultants
DATE: March 8, 2021
RE: Changes in the Revised Health and Wellness Standards

The Department on Disability Services (DDS), and its DDA, issues these Revised Health and Wellness Standards (April 1, 2021), through the Health and Wellness Team noting the following changes:

- Added new **Standard 1b, Health List:** This new standard states that for people living independently or in natural homes, the *Health List* is now required for those receiving High Acuity In-Home Supports. The Health List also is recommended for people living independently or in a family home.
- Revised **Standard 2, Coordination of Health Care Services:** This standard was revised to state that updates/reviews of the Health Passport are to be acknowledged and confirmed by a signature and date. Also, hospital transition should be tied to the reported incident and the hospital discharge summary should be uploaded under the incident documentation tab in MCIS.
- Revised **Standard 4, People Experiencing Declining Health:** This standard was revised to state that service coordinators will assist with coordination of care for persons in Natural Homes; however not for people receiving High Acuity In-Home Supports.
- Revised **Standard 5, Health Care Management Plan:** This standard was revised to state that the residential provider is responsible for providing an updated Health Care Management Plan and Health Passport. In addition, Qualified Intellectual Disabilities Professionals (QIDP or Q) roles and documentation requirements were updated.

- Revised **Standard 6, Medical Consent:** This standard was revised so that the general guidelines related to medical consent were clarified.
- Revised **Standard 7, Reporting Critical Incidents:** This standard was revised to include reference to DDS/DDA's Incident Management Enforcement Unit Policy.
- Revised **Standard 8, Behavioral Support Plan:** This standard was revised to include reference to DDS/DDA's Behavior Support Policy and Procedure as well as the Behavior Support Plan Safeguards & Oversight Procedure, as well as to refer to a range of applicable DDS/DDA policy documents.
- Revised **Standard 9, Restrictive Procedures:** This standard was revised to include references the DDS/DDA Restrictive Controls Review Committee Policy and Procedures; and Human Rights and Advisory Committee Policy and Procedures.
- Revised **Standard 11, Management of Infections:** This standard was revised to add Centers for Disease Control and Prevention resources: [Methicillin-resistant Staphylococcus aureus \(MRSA\)](#) and [Viral Hepatitis Guidelines and Recommendations](#).
- Revised **Standard 15, Vision/Eye Health Care:** This standard was revised to state that adults should receive an eye exam as determined by the Primary Care Physician/Nurse Practitioner; that information about a person's vision should be obtained during the annual nursing assessment through observation, interview with person or staff supporting person; and that if problems are noted, a referral should be made to an Ophthalmologist.
- Revised **Standard 16, Immunizations:** This standard was revised to state that day programs should develop health promotion strategies which encourage people's participation with their program to receive an annual Influenza/Flu vaccination and current PPD Skin/Tuberculosis test.
- Revised **Standard 17, Medication Prescription and Administration:** This standard was revised related to the Registered Nurse's review of the Medical Administration Review (MAR) documentation. The provider nurse should sign the front of the MAR at the beginning of the month and sign the back to represent review and oversight of the process.

- Revised **Standard 18, Psychotropic Medications:** This standard was revised to include the DDS standards for psychotropic medications, which are noted by separate bullet points; noting that Neuroleptic medication defined-psychotropic medications having Tardive Dyskinesia (TD) as a side effect; clarified the prescription renewal schedule for psychotropic medications; added nurse practitioners as potential prescribers of psychotropic medications; inserted requirement for BSPs with an autism diagnosis to also include a mental health diagnosis if the person is prescribed psychotropic medication; added requirement to upload psychiatry appointment consultation forms to “Clinical Services” section of MCIS; added the DDS Psychiatry Appointment Consultation Form to the appendix; added a requirement for people prescribed psychotropic medication in an emergency room during a behavioral crisis to undergo a psychiatric assessment after the crisis is resolved to determine if the medication continues to be necessary; and stating that PRN (as needed basis) use of psychotropic medication is prohibited.
- Revised **Standard 19, Psychiatric Services:** The Psychotropic Medication Review Form Section has been reorganized, updated, and separated for clarity of what is required during psychotropic medication reviews; the Psychotropic Medication Review Form has been revised and added to appendix; instructions have been inserted for the use of the Psychotropic Medication Review Form; there is an added requirement for the two most recent Psychotropic Medication Review Forms to be uploaded to MCIS for the Restrictive Controls Review Committee review to replace the annual psychiatric assessment; it is noted that that annual psychiatric assessments are no longer required; and there is an added requirement for the provider nurse to inform the psychiatrist about side effects that are observed in-between psychiatry appointments as well as document that the prescriber was so informed.
- Revised **Standard 23, Adaptive Equipment:** This section has been revised to clarify that it is the responsibility of the clinician or natural home provider nurse to provide education at the day program on the person’s adaptive equipment if there is not a nurse working at the person’s day program.
- Revised **Standard 24, End of Life Planning:** This standard is revised to include Guidance on Hospice Care, noting that when in-home hospice is chosen, the contracted hospice nurse will develop a plan of care that will remain in the home and is to be followed by all members of the person’s care team.

- Added new **Standard 28, Supporting People Who Experience Trauma:** This is a new Trauma-Informed Care standard which includes a definition as well as a resource from the [Substance Abuse and Mental Health Services Administration](#).
- Added new **Standard 29, Sexual Health and Intimacy:** This is a new standard recognizing that people with disabilities have a right to express themselves sexually and outlines what providers should do to support that right.

This is a non-exhaustive list of changes. Please note that these Revised Health and Wellness Standards must be read carefully and adhered to in their entirety effective April 1, 2021.

For more information, please contact DDS's Supervisory Nurse Consultants: Chioma Nwachukwu, DNP, RN, PHCNS-BC, at (202) 615-8268 or chioma.nwachukwu@dc.gov; or Titilayo Ilori, MSN, RN, at (202) 590-7536 or titilayo.iloride@dc.gov.